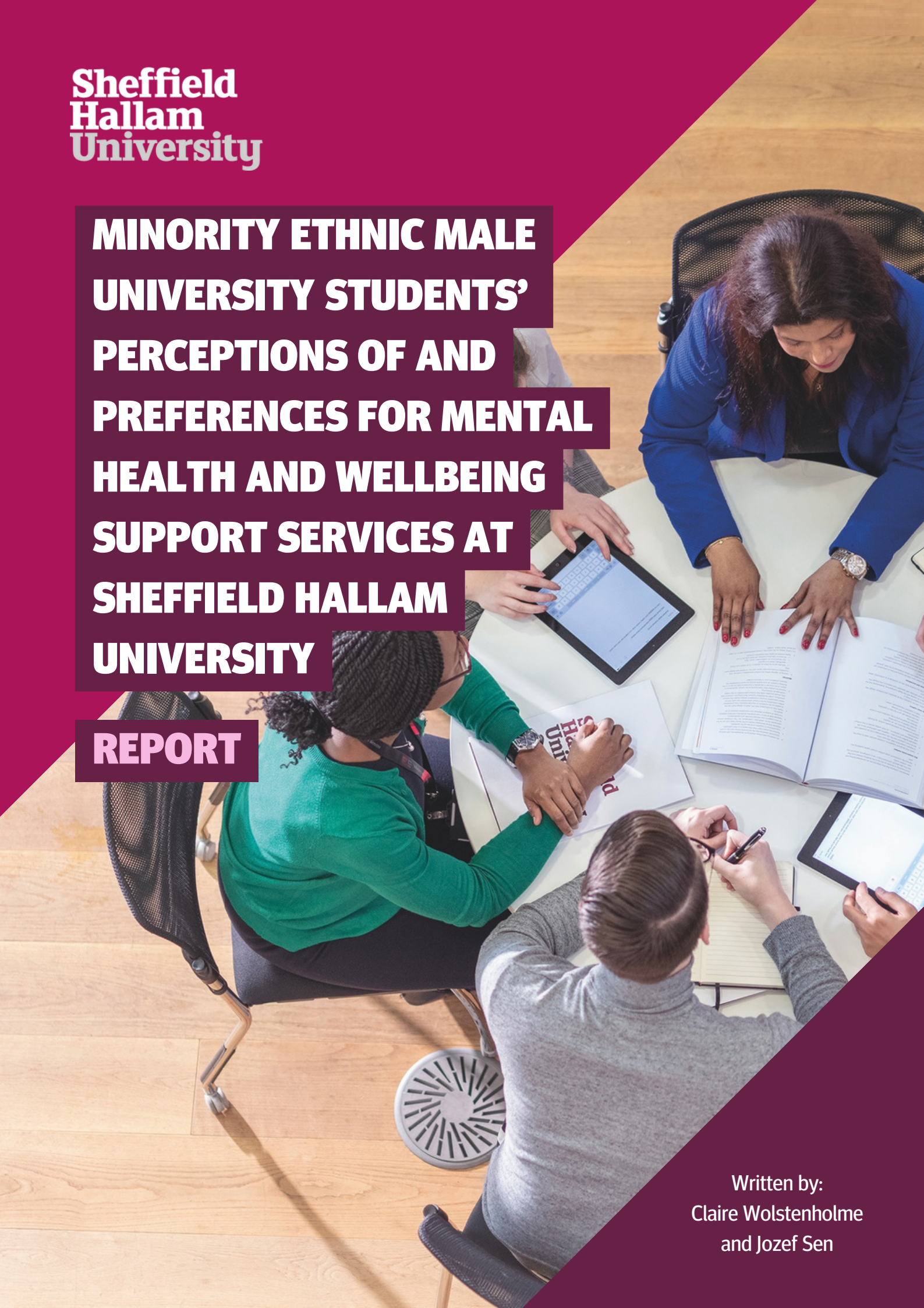# Sheffield Hallam University

MINORITY ETHNIC MALE UNIVERSITY STUDENTS' PERCEPTIONS OF AND PREFERENCES FOR MENTAL HEALTH AND WELLBEING SUPPORT SERVICES AT SHEFFIELD HALLAM UNIVERSITY

REPORT

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Minority ethnic male university students' perceptions of and preferences for mental health and wellbeing support services at Sheffield Hallam University

Who led on this project?

Claire Wolstenholme (co-project lead), Jozef Sen (co-project lead), Emma Heron (Listening Rooms), Helen Parkin (Listening Rooms), Iqra Memon (STEER graduate intern), Ali Ladiwala (student community researcher), Rommel Gangopadhyay (student community researcher)

When did it take place?

April 2023 to October 2023.

What was the type of evidence?

Exploratory: Evidence of a specific topic that could be used to design an intervention.

Which stage(s) of the student lifecycle did it relate to (if any)?

Success (e.g. retention and attainment).

What question(s) was the project attempting to address?

- What are the awareness levels of minority ethnic male students of the university support services for mental health and wellbeing?
- What are the perceptions of minority ethnic male students about university support services for mental health and wellbeing?
- What are the perceived facilitators and barriers to minority ethnic male students in seeking university-based support for mental health issues?

What need(s) or issue(s) was this research addressing?

This was a collaboration between a researcher and a wellbeing practitioner at Hallam. The wellbeing team at Hallam have seen a continuous underutilisation of the wellbeing service from ethnically minoritized male students and wanted to understand the reasons for this, with a view to service improvement.

Much research has explored male mental health and help seeking avoidance (e.g Ellis, 2018). Similarly, research has focussed on male students help seeking behaviours, including attempts to understand what may prevent or facilitate male students seeking support (Sagar-Ouriaghli et al, 2020; Dopmeijer et al, 2020; Wolstenholme, 2022 etc). Issues around the experience of stigma, adherence to masculine norms, and support services being somewhat feminised continue to be present. Facilitators to support have been shown as ensuring trust and confidentiality, offering gender sensitive support, and an ease of access to support. In turn, research into the experiences of ethnic minority students relating to mental health at UK universities has been a key area of focus. Arday (2018) and Arday, Branchu and Boliver (2019) have highlighted a lack of belonging,

isolation, and experiences of racism as among the issues facing this demographic. Studies aiming to understand specific barriers faced by these individuals in seeking support have revealed a fear of facing 'double discrimination,' previous negative experiences of support services, and a lack of confidence in university support services (Arday, 2018; Olaniyan, 2021). A recent systematic review has explored the reasons for low service utilisation in black UK university students, and uncovered themes related to institutional racism, perceptions of racial stereotyping amongst white support service staff, and a lack of awareness of black culture within support services (Stoll et al, 2022). The area is complex and multifaceted with a combination of institutional, individual, and sociocultural issues exposed. Less research has looked at ethnic minority male students as a specific group, in relation to their perceptions of seeking support at university for mental ill-health.

What was the rationale of the research?

The university support service is underutilised by some specific groups of male students, including minority ethnic males. The focus of this research was to build an understanding of the perceptions and preferences of minority ethnic male university students in regard to the mental health support services, including their willingness to declare, and seek support for potential mental ill-health.

What was the aim(s) of the research?

The key aim was to understand the enablers and potential barriers for individuals in seeking this type of support. The study explored awareness levels of existing support, and what might facilitate support seeking for individuals who identify as minority ethnic male students should they need it. Undertaking qualitative research, we aimed to give a voice to this demographic of male students about how they felt about mental health services at university.

What was the research methodology used?

This research employed the award winning Listening Rooms method. This involves participants partnering up with a friend and taking part in a fairly naturalistic conversation, based on 6 Listening rooms Prompts, with questions created by the research team. Having no researcher present enables a more unbiased and free flow of talk without potential power dynamics. Conversations are recorded, transcribed and then analysis is undertaken through the Listening Rooms Round table discussion, which includes the full project team and other internal and external stakeholders.

Working with student community researchers, (master's students with lived experience of being ethnically minoritized male students) questions for each of the 6 main prompts were produced and put onto a slide show. These questions centred around awareness of the SHU wellbeing support services, and the barriers and facilitators to potentially using this service for mental health support. A total of 14 conversations took place in June 2023, meaning 28 total participants. The round table analysis was undertaken in July and involved a focused analysis session centred around the themes of 'barriers to support'

and 'routes to support'. Following the Round table analysis, the interviews were uploaded onto Nvivo and analyses further thematically.

What were the findings?

<u>Awareness and understanding of support</u>
Just over half of the participants were aware that there were mental health support services available for students at SHU. At least 10 participants were not aware that any such support existed at Hallam. Moreover, for the international student participants, there was some uncertainty arising from cultural differences around how the term 'mental health' was conceptualised, and the meaning and priority placed on this from their home country as compared to the UK:

> **"**
> **What is mental health? Where I come from there is nothing.**
> **"**
>
> **Pair 4, respondent 2**

<u>Perceptions of support at Hallam</u>
The vast majority of participants had not used the university mental health support services, and therefore the second research question about perceptions of the service couldn't really be answered using the data collected. Participants were asked, however if they felt that seeking support for mental health was a barrier or facilitator to success. Almost every participant answered that they felt it was a facilitator to success, with some caveats given, such as the support being appropriate and helpful:

> **"**
> **Health is wealth. A sound mind results into a complete person.**
> **"**
>
> **Pair 10, respondent 2**

International students in particular, commented on the significantly higher priority given to mental health in the UK, and indeed Sheffield Hallam University, compared to their home countries and institutions, and most students valued this approach:

> " **Kudos to Sheffield Hallam for that,
> for making mental health and every
> student's wellbeing a priority.** "
>
> **Pair 10, respondent 1**

Just over half would be comfortable to use mental health support at Hallam:

> " **I know that Hallam does good work
> and I know that they really do care about
> student's mental health, so I would not
> hesitate to use Hallam support
> services if I needed to.** "
>
> **Pair 1, respondent 2**

In a few cases, however, this was qualified as something they would do, only as a last resort, i.e., if they were unable to deal with the issue themselves or by talking to friends or family first. Another condition of use for some was where they felt their issue pertained directly to their university work, for example if they found their mental ill-health was causing them to not be able to complete an assignment. Here was some discussion related to a fear of course implications if one was to seek support, such as uncertainty about what would happen to PhD funding for example if a pause in study needed to occur.

Successful mental health support
When asked what successful mental health support looks like, a variety of answers were given, with the most common being, someone to listen, and provide coping strategies or practical solutions to problems/symptoms raised. Other responses were around the support being non-judgemental and inclusive and a safe space, as well as providing out of hours support.

One participant also cited the importance of representation of their culture and race or what has been called in the literature 'Experiential similarity' (Olaniyan and Hayes, 2022) within the support services, in order for them to feel secure and be willing to utilise the service:

> **I wanted to speak to a black counsellor. So, I wanted someone who could understand me, who was not judgemental, who would be able to see things from my lens.**
>
> **Pair 4, respondent 1**

Barriers to support: Institutional

As described above, a large proportion of participants said they were unaware of the services existence and/or availability to them. Linked to this, were issues pertaining to (what we have called) bureaucracy, which were discussed by 5 of the pairs. For example, having difficulty finding the initial access point, waiting lists, and form filling.

> **I'd be on a wild goose chase, you just got told yeah, there's help, but not how to get it.**
>
> **Pair 7, respondent 2**

This provides evidence that awareness of support is not enough, but an understanding of precisely how to access this support, and the processes involved is also important. A delay in accessing support, was a real and perceived concern for those accessing or considering accessing the service: for support, and a feeling of access being complicated or convoluted. Lastly, there was a discussion in one pair about not having the vocabulary and or self-awareness to articulate needs or symptoms in order to access appropriate support.

A small number of participants felt that a perceived lack of representation in the support services was a barrier to them utilising mental health support services. These participants expressed the importance of having someone to go to for support who would understand them, which to them necessitated that person being from the same ethnic or cultural background:#

> " I think people have to be relatable back to that person. For example, you can't have a different culture and a different person, say a white person talking to a brown person about mental health. "
>
> **Pair 13, respondent 1**

Similarly, participants felt that the gender of the practitioner was important to the level of understanding and ability to provide useful support for them as men. Some participants felt that there was a lack of specific support or understanding of their needs as both a male, and someone of ethnic minority living in the UK, and experiencing a unique set of pressures, and prejudices:

> " There is nowhere to feel safe, a safe space to talk about the issues you are going through. It's really quite depressing…the biased perception of the society towards the male, the perception of society towards black males. "
>
> **Pair 4, respondent 1**

Barriers to support: Sociocultural
Students discussed internal and cultural barriers that prevented them from accessing mental health support services, including the expectation that one must deal with mental health symptoms alone due to cultural taboos:

> **"**
> **Men from my side of background…
> they want to build automatic
> resilience for mental wellbeing…
> like we used to say, black don't
> crack.**
> **"**
>
> **Pair 4, respondent 2**

Discussions from participants were based around this perceived taboo surrounding mental ill-health support and the fear of judgment from others which held them back from considering support. As well as being a cultural perception, participants felt that being a male also carried an expectation to keep mental ill-health symptoms to themselves:

> **"**
> **People expect you to sort
> yourself out.**
> **"**
>
> **Pair 6, respondent 2**

Gender, therefore, was cited by a small number of participants as a barrier to support seeking.

What were the recommendations?

Awareness/promotion of service
- Continue to develop creative ways of advertising the mental health services to this demographic, ensuring a level of understanding about what is meant by 'mental health' and mental ill-health', under what circumstances the service might be needed and what support can and cannot be provided by this service. This could be done through signposting in classes.
- Develop 'compassionate communications' to ensure students are made aware that they will not suffer detriment from seeking support.
- Inclusion of information regarding mental health support in international student induction, including non-medicalised model of support.

- Promotion of the defined routes through Hallam Help and supporting students to develop the vocabulary that they need to access appropriate support (flow-diagram).
- Giving students the autonomy to access the kind of support they need without going through Hallam Help.

Bureaucratic issues
- Provide information on the process of accessing support- e.g., a rough estimation of how long it might take to receive support, and the processes that the student will need to undertake to receive support, such as registering with the service.
- Managing student expectations about the support available and routes to access support and encouraging students to take a proactive approach to mental wellbeing through better alignment of mental health support with academic curriculum.
- Provision of training for frontline support staff to ask appropriate questions to ensure students receive the kind of support that they need. Alternatively, employ student peers to act as 'translators' for frontline staff.

Representation and diversity
- Strive for diversity of practitioners within the mental health support services team. Although it would not be possible to ensure racial and cultural representation to be in line with the university student population, ensuring that there are practitioners of colour may go some way to ensuring a level of confidence for minority ethnic students that they are in some way represented. Similarly, a choice of gender of practitioner should be offered wherever possible, with students being made aware of these options in promotional materials.
- Creation of 'talking heads' which represent students of all backgrounds and their experiences with mental health support services.

Reducing cultural and gender taboos
- Use of student representation system, including course reps, to promote mental health support services for males and ethnic minority individuals.
- Creation and Promotion of 'Look After Your Mates' training to better equip students to support their friends. Establish and promote 'Talk Club' for peers to discuss mental health and wellbeing and encourage a sense of friendship and belonging through course activities.
- Inclusion of information about mental health support in the non-credit bearing Hallam module.

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